

# Medical Society for the Study of Venereal Diseases

## The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE

### *Honorary Secretary's Report to the 65th annual general meeting held on 31 October 1986*

During the past year 44 new members have been elected. Membership to date is 518, 154 being resident overseas. In the past year five honorary life members were elected: Dr P G Bakker, Dr J Barrow, Dr E M C Dunlop, Dr Elisabeth Rees, and Dr A E Wilkinson. At present there are 21 honorary life members, 16 being resident in the United Kingdom.

Six ordinary meetings were held during the year, there having been an extra one on 28 February.

The spring meeting of the society was held at Brighton on 16–18 May. There were 25 papers presented, together with 18 papers shown as posters. The standard was very high. The society is most grateful to Dr and Mrs S Tchamouloff, who did so much to make the social events memorable. The society is most grateful to those companies who gave donations, some very generous indeed, which enabled the society's spring meeting to function so well.

A session of the society was held on 28 June 1986 during the second world congress on sexually transmitted diseases in Paris. It was entitled "Common clinical problems in a national sexually transmitted disease

service", 69 attended. There were three main speakers, the president, Dr R Pattman, and Dr B A Evans. The society is grateful to the honorary assistant secretary who arranged this extra session.

The fifth genitourinary study weekend for junior doctors in the specialty was held at Selwyn College, Cambridge, on 12–13 April. Over 90 doctors attended. Once again it was most successful, and the society is indebted to Bayer UK Ltd, who gave full financial support for the meeting. The next weekend will be on 4 and 5 April 1987, and will be at Leeds. Once again Bayer UK Ltd has promised full support.

Many members took advantage of invitations to members to view the computer system at the department of genitourinary medicine at the Middlesex Hospital, and to visit the Communicable Disease Surveillance Centre at Colindale.

The Council of the Society held six meetings at which all current items of interest to the specialty were fully discussed. Members may be interested to know that any points relevant to the specialty that they raise in correspondence to the society are discussed

at such meetings.

*Genitourinary Medicine*, volume 61 in 1985, consisted of 434 pages and contained 83 articles. Fifty seven submitted articles were rejected. We are grateful for the continued hard work of the editor, Dr A McMillan.

The society has now found a new home at the Royal Society of Medicine. This has been achieved after a considerable amount of negotiation. We are most grateful to the president and the officers of the Royal Society of Medicine, who have enabled us to find a fitting venue for our meetings.

Lastly, personal thanks to our departing honorary treasurer, Dr J K Oates. He was one of my sponsors for membership of this society, and has been a loyal and helpful friend to me, and has greatly assisted my secretarial work. He has been honorary treasurer during the time of expansion of the society, and during a time of rising costs. My good wishes for the excellent work done by him as honorary treasurer are no doubt echoed by all the members of the society.

*M A Waugh*  
*Honorary Secretary*

## Notices

*Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for application.*

### **Sixth Latin American congress of sexually transmitted diseases**

The sixth Latin American congress of sexually transmitted diseases will be held on 16 to 18 September 1987 in Guayaquil, Ecuador. It will be preceded by a theoretical and practical course on "The laboratory in the diagnosis of sexually transmitted diseases", which will be held on 14 and 15 September.

For further information please contact Dr J Felipe Aroca Campodonico, President of UECETS, Casilla 4733, Guayaquil, Ecuador.

### **Fifth African regional STD conference**

The fifth African regional STD conference will be held on 1 to 5 June 1987 at the Medical School, University of Zimbabwe, Harare, Zimbabwe.

The conference organiser is Dr A S Latif, Department of Medicine, Medical School, PO Box A178, Avondale, Harare, Zimbabwe.

### **5th Forum of international andrology**

The 5th forum of international andrology will be held in Paris on 15–17 June 1987. Subjects will include male impotence, puberty and andropause, tumours of the testis, penile curvatures, urethritis, artificial insemination, and anti-androgens.

For further information please contact: Professor G Arvis, Department of Andrology-Urology, Hospital Saint-Antoine, 184 rue du Faubourg Saint-Antoine, F-75012 Paris, France (Tel: (1) 43 43 73 40, Telex: ARVIS 250 303 PUBLIC PARIS).

## List of current publications

These selected abstracts and titles from the world literature are arranged in the following sections:

### *Syphilis and other treponematoses*

#### *Gonorrhoea*

*Non-specific genital infection and related disorders (chlamydial infections; mycoplasmal and ureaplasma infections; general)*

*Pelvic inflammatory disease*

*Reiter's disease*

*Trichomoniasis*

*Candidosis*

*Genital herpes*

*Genital warts*

*Acquired immune deficiency syndrome*

*Other sexually transmitted diseases*

*Genitourinary bacteriology*

*Public health and social aspects*

*Miscellaneous*

### *Syphilis and other treponematoses*

**Rest pain and leg ulceration due to syphilitic osteomyelitis of the tibia**

M WALZMAN, AAH WADE, SM DRAKE, AND AMC THOMAS (Coventry, England). *Br Med J* 1986;293:804-5.

**Factors affecting the multiplication and subculture of *Treponema pallidum* subsp *pallidum* in a tissue culture system**

SJ NORRIS AND DG EDMONDSON (Houston, USA). *Infect Immun* 1986;53:534-9.

**Immunoglobulin G subclasses of fluorescent anti-*Treponema pallidum* antibodies: evidence for sequential development of specific anti-*T pallidum* immunoglobulin G responses in patients with early syphilis**

JJ van der SLUIS, EC van REEDE, AND M BOER (Rotterdam, the Netherlands). *J Clin Microbiol* 1986;24:418-23.

**Ceftriaxone therapy for asymptomatic neurosyphilis. Case report and western blot analysis of serum and cerebrospinal fluid IgG response to therapy**

EW HOOK, SA BAKER-ZANDER, BL MOSKOVITZ, SA LUKEHART, AND HH HANDSFIELD (Baltimore, USA). *Sex Transm Dis* 1986;13:185-8.

### *Gonorrhoea*

**Disseminated gonococcal infection in elderly patients**

PHLM GEELHOED-DUYVESTIJN, JWM van der MEER, AT LICHTENDAHL-BERNARDS, CJ MULDER, KAE MEYERS, AND JT POOLMAN (Leiden, the Netherlands). *Arch Intern Med* 1986;146:1739-40.

**Antigenic and physical diversity of *Neisseria gonorrhoeae* lipooligosaccharides**

R MANDRELL, H SCHNEIDER, M APICELLA, W ZOLLINGER, PA RICE, AND JM GRIFFISS (San Francisco, USA). *Infect Immun* 1986;54:63-9.

**Transfer of plasmid-mediated ampicillin resistance from *Haemophilus* to *Neisseria gonorrhoeae* requires an intervening organism**

PJ McNICOL, WL ALBRITTON, AND AR RONALD (Winnipeg, Canada). *Sex Transm Dis* 1986;13:145-50.

**Induction of subcutaneous and intra-peritoneal abscesses in mice by *Neisseria gonorrhoeae* and *Bacteroides* species**

I BROOK (Bethesda, USA). *Am J Obstet Gynecol* 1986;155:424-9.

**Successful therapy of penicillinase-producing *Neisseria gonorrhoeae* pharyngeal infection during pregnancy**

DE SOPER AND S MERRILL-NACH (San Diego, USA). *Obstet Gynecol* 1986;68:290-1.

**Norfloxacin in the therapy of uncomplicated gonorrhea**

B ROMANOWSKI, H WOOD, J DRAKER, AND MC TSIANCO (Edmonton, Canada). *Antimicrob Agents Chemother* 1986;30:514-5.

**Treatment of uncomplicated urogenital gonorrhoea in women with a single dose of enoxacin**

MJ TEGELBERG-STASSEN, AH van der WILLIGEN, JC van der HOEK, ET AL (Rotterdam, the Netherlands). *Eur J Clin Microbiol* 1986;5:395-8.

### *Non-specific genital infections and related disorders (chlamydial infections)*

**Recovery of *Chlamydia trachomatis* from the endometrium of women at risk for chlamydial infection**

RB JONES, JB MAMMEL, MK SHEPARD, AND RR FISHER (Indianapolis, USA). *Am J Obstet Gynecol* 1986;155:35-9.

**Isolation of *Chlamydia trachomatis* from a gonad biopsy specimen of a man with sterile pyospermia**

AA HARTMANN, P ELSNER, AND I WECKER (Wuezburg, Federal Republic of Germany). *J Infect Dis* 1986;154:731-3.

**Asymptomatic *Chlamydia trachomatis* urethritis in men**

WE STAMM AND B COLE (Seattle, USA). *Sex Transm Dis* 1986;13:163-5.

**Acute *Chlamydia trachomatis* respiratory infection in childhood: serological evidence**

HR HARRISON, LS MAGDER, WT BOYCE, ET AL (Atlanta, USA). *Am J Dis Child* 1986;140:1068-71.

**Polyclonal response of human lymphocytes to *Chlamydia trachomatis***

L RÄSÄNEN, M LEHTINEN, M LEHTO, J PAAVONEN, AND P LEINIKKI (Tampere, Finland). *Infect Immun* 1986;54:28-31.

**Measures to control *Chlamydia trachomatis* infections: an assessment of new national policy guidelines**

WE STAMM AND KK HOLMES (Seattle, USA). *JAMA* 1986;256:1178-9.

**Cost-effectiveness of culturing for *Chlamydia trachomatis*: a study in a clinic for sexually transmitted diseases**

MD NETTLEMAN, RB JONES, SD ROBERTS, ET AL (Indianapolis, USA). *Ann Intern Med* 1986;105:189-96.

**The spermicide nonoxynol-9 does not inhibit *Chlamydia trachomatis* in vitro**  
EW KAPPUS AND TC QUINN (Baltimore, USA). *Sex Transm Dis* 1986;13:134-7.

## Non-specific genital infections and related disorders (general)

**Fate of the testis following epididymitis: a clinical and ultrasound study**  
KM DESAI, JC GINGELL, AND JM HAWORTH (Bristol, England). *J Roy Soc Med* 1986;79: 515-9.

**Anti-spermatozoal antibodies in men with urethritis**  
M. SHAHMANESH, J STEDRONSKA, AND WF HENDRY (London, England). *Fertil Steril* 1986;46:308-11.

## Pelvic inflammatory disease

**Clinical and microbiological investigation of women with acute salpingitis and their consorts**  
GR KINGHORN, BI DUERDEN, AND S HAFIZ (Sheffield, England). *Br J Obstet Gynaecol* 1986;93:869-80.

**Comparison of the clinical and epidemiologic characteristics of gonococcal and non-gonococcal pelvic inflammatory disease seen in a clinic for sexually transmitted diseases, 1978-1979**  
BG TAVELLI AND FN JUDSON (Denver, USA). *Sex Transm Dis* 1986;13:119-22.

**Sequelae of induced first-trimester abortion: a prospective study assessing the role of post-abortion pelvic inflammatory disease and prophylactic antibiotics**  
L HEISTERBERG, S HEBJØRN, LF ANDERSEN, AND H PETERSEN (Copenhagen, Denmark). *Am J Obstet Gynecol* 1986;155:76-80.

## Reiter's disease

**The natural history of Reiter's disease - 21 years of observations**  
JS MARKS AND PJL HOLT (Manchester, England). *Q J Med* 1986;60:685-97.

**A placebo controlled, cross-over study of azathioprine in Reiter's syndrome**  
A CALIN (Bath, England). *Ann Rheum Dis* 1986;45:653-5.

## Trichomoniasis

**Rapid assay for immunological detection of *Trichomonas vaginalis***  
RM WATT, A PHILIP, SM WOS, AND GJ SAM (Wilmington, USA). *J Clin Microbiol* 1986; 24:551-5.

## Candidosis

**Therapy of candidal vaginitis: the effect of eliminating intestinal *Candida***  
NYSTATIN MULTICENTRE STUDY GROUP (Munich, Federal Republic of Germany). *Am J Obstet Gynecol* 1986;155:651-5.

## Genital Herpes

**Asymptomatic virus shedding in men with genital herpes infection**  
A STRAND, A VAHLNE, B SVENNERHOLM, J WALLIN, AND E LYCKE (Uppsala, Sweden). *Scand J Infect Dis* 1986;18:195-7.

**Failure of antepartum maternal cultures to predict the infant's risk of exposure to herpes simplex virus at delivery**  
AM ARVIN, PA HENSLEIGH, CG PROBER, ET AL (Stanford, USA). *N Engl J Med* 1986; 315:796-800.

In this interesting study, 414 pregnant women with a history of recurrent genital herpes were recruited to investigate the value of regular herpes cultures, from 32 weeks' gestation onwards, to predict viral shedding at delivery.

Asymptomatic shedding of herpes virus (HSV) before delivery was detected in 17 (4.1%) women, of whom only one had a positive culture at delivery. The incidence of asymptomatic shedding of HSV either during pregnancy or delivery, did not differ between those that had clinical recurrences (1.4%) and those that did not (1.3%). During the week before delivery, 44 women had symptoms or signs of reactivation, but only five yielded positive cultures at delivery. At delivery, HSV type 2 was isolated from the genitals of three asymptomatic women and the oropharynx of two infants of asymptomatic culture negative mothers. All five mothers yielded negative genital cultures within the 10 days before delivery. The two infants subsequently became culture negative. Caesarian section was performed in 117 (28.3%) mothers, of whom 54 had a clinical recurrence at labour. No details were given about the remaining caesarian deliveries.

The authors conclude from this data that antenatal cultures as currently performed do not predict asymptomatic viral shedding at delivery as shedding is brief. Though doubts are cast on the cost effectiveness of the screening programme, current recommendations are unlikely to be changed until choosing the mode of delivery on clinical grounds alone can be shown to minimise the risk of neonatal herpes and the incidence of caesarian section, a procedure with appreciable morbidity and mortality. Surprisingly, many obstetricians still plan elective caesarian sections for women who have positive cultures at any time during the six to eight weeks before delivery, despite the women subsequently becoming culture negative. A rapid reliable test for genital HSV at delivery should replace antenatal screening to determine the mode of delivery in this increasing population of pregnant women.

E Monteiro

**Lack of evidence for intertypic recombinants in the pathogenesis of recurrent genital infections with herpes simplex virus type 1**  
KH FIFE AND D BOGGS (Indianapolis, USA). *Sex Transm Dis* 1986;13:138-44.

**Failure of ibuprofen in treatment of herpes genitalis**  
PO MILCH, AG MONHEIT, BL ROCHELSON, G METZ, AND DA BAKER (Stony Brook, USA). *Am J Obstet Gynecol* 1986;155:399-400.

**Hepatitis due to herpes simplex virus in a nonpregnant patient: treatment with acyclovir**  
RP BAXTER, LE PHILLIPS, S FARO, AND L HOFFMAN (Houston, USA). *Sex Transm Dis* 1986;13:174-6.

**Suppression of recurrent genital herpes simplex virus infection with recombinant  $\alpha^2$  interferon**  
TL KUHL, J SACHER, E PINEDA, ET AL (Los Angeles, USA). *J Infect Dis* 1986;154:437-42.

## Genital warts

**Genital tract papillomavirus infection in children**  
B ROCK, Z NAGHASHFAR, N BARNETT, J BUSCEMA, D WOODRUFF, AND K SHAH (Baltimore, USA). *Arch Dermatol* 1986; 122:1129-32.

Human papilloma virus (HPV) DNA was typed from the genital warts of five children

by molecular hybridisation. HPV 6 was identified in three cases, HPV 16 in one and either HPV 6 or HPV 11 in the fifth, differentiation proving impossible.

Sexual interference as a means of acquiring infection was considered to be unlikely in two girls aged two and three years. After evaluation by the social services department, however, sexual abuse was suspected in an eight year old boy whose perianal warts were found during investigations for encopresis of recent onset, an eight year old girl with recurrent vulval warts of six years' duration, and a three year old girl with perineal warts present for six weeks.

The authors concluded that most cases of anogenital condylomata in children are the result of sexual abuse. Non-venereal transmission should be considered, however, particularly when the warts are distant from the anus and when the child is under nine months old at their onset. This may have implications for the mother, who could have undetected cervical HPV infection.

K Sankar

#### **New concepts of condyloma acuminata in children**

ME BENDER (Minneapolis, USA). *Arch Dermatol* 1986;122:1121-4.

#### **Association between anorectal dysplasia, human papillomavirus, and human immunodeficiency virus infection in homosexual men**

IH FRAZER, G MEDLEY, RM CRAPPER, TC BROWN, AND IR MACKAY (Melbourne, Australia). *Lancet* 1986;ii:657-60.

Sixty one healthy homosexual men were included in this study. The group was biased towards those who preferred receptive anal intercourse and towards those with a large lifetime total of sexual partners. Material for anorectal epithelial cytology was obtained at proctoscopy using a wooden tongue depressor. The scrapings were processed as for routine Papanicolaou smears and were viewed blind by the same cytopathologist. The diagnosis of human papilloma virus (HPV) infection or dysplasia was termed "probable" if features were few or partly masked by other inflammatory lesions. Repeated cytological examinations were undertaken at six to 12 month intervals for 39 men.

There is a discrepancy between one figure in the text and the relevant figures in the tables. In two men dysplasia was visible at proctoscopy. In 30 men cytology showed definite (eight) or probable (22) HPV infection without dysplasia on at least one occasion. In 24 men there was definite (16)

or probable (eight) dysplasia with concomitant HPV infection on at least one occasion, and dysplasia was shown to persist for over a year in nine of 14 men. Of 38 men without a history of anal warts, 18 had HPV infection without dysplasia and four had dysplasia. Smears from nine heterosexual men matched for age undergoing proctoscopy for conditions other than anorectal warts were all normal. No information was given about what percentage of smears were regarded as being cytologically satisfactory. For statistical analysis of the data, probable and definite categories were combined. Associations were found between dysplasia and a history of anal warts, frequent receptive anal intercourse, presence of serum antibody to human immunodeficiency virus (HIV), and a low CD4/CD8 ratio (allowing for the effect of HIV on the number of CD4 lymphocytes).

This study found a high incidence of anorectal HPV infection and dysplasia in a group of healthy homosexual men and supports the theory that anorectal dysplasia may be initiated by HPV. Long term follow up may indicate whether it was correct to include in the statistics smears that only probably showed cytological change. It is still not known whether dysplasia is a marker for future anorectal carcinoma, and these results are likely to stimulate further work on the natural history of HPV associated anorectal changes in homosexual men and also in heterosexual men and women with a history of anal warts.

P Watson

#### **Risk of transmission of human papillomavirus by vaginal specula**

DJ McCANCE, MJ CAMPION, A BARAM, AND A SINGER (London, England). *Lancet* 1986; ii:816-7.

#### **Laser treatment of condylomata acuminata**

BS STEIN (Providence, USA). *J Urol* 1986;136:593-4.

#### **Atypical lesions of the anal mucosa in homosexual men**

G NASH, W ALLEN, AND S NASH (Worcester, USA). *JAMA* 1986;256:873-6.

This study by pathologists in Los Angeles was prompted by the finding of mucosal atypia in specimens of anal tissues resected for benign anorectal disease. It is a retrospective review of all anal tissue received by the authors in 1984. Atypia of anal mucosa was present in 13 (4.4%) of 298 specimens received. Seven additional cases were retrieved from surgical pathology files and added to the analysis. Eighteen (90%) of the 20 cases were from men, and 11 of the 14

men whose sexual orientation was known were homosexual.

Three histological patterns of anal mucosal atypia are described: (1) anal intraepithelial neoplasia (AIN) akin to cervical intraepithelial neoplasia, (2) intraepithelial neoplasia with koilocytotic cells typical of human papillomavirus (HPV) infection, and (3) bowenoid change in the anal mucosa. AIN was most commonly observed arising at the anorectal junction, whereas bowenoid lesions and atypical condylomata commonly arose in the squamous mucosa away from the anorectal junction. Fourteen (70%) of 20 specimens with atypia had morphological evidence of HPV infection.

This paper adds to the growing literature describing atypia of the anal mucosa analogous to that described at the uterine cervix in association with HPV infection. Clinical details of the patients were not given, so the prevalence of atypia of the anal mucosa in patients with a current or past history of anal warts cannot be deduced.

C Bignell

#### **Acquired immune deficiency syndrome**

##### **Interstitial lymphocytic pneumonia in a case of ARC. Presence of LAV virus in broncho-alveolar lavage fluid**

JM ZIZA, F BRUN VEZINET, A VENET, ET AL (Paris, France). *Presse Med* 1986;15:1267-9.

##### **Oral hairy leukoplakia, an early sign of HTLV III/LAV infection**

W KIMMIG, H MENSING, K SEYFARTH, G SCHAEF, M JANNER, AND T NASEMANN (Hamburg, Federal Republic of Germany). *Dtsch Med Wochenschr* 1986;111:1394-7.

##### **Fungal infections in patients with AIDS and AIDS-related complex**

K HOLMBERG AND RD MEYER (Los Angeles, USA). *Scand J Infect Dis* 1986;18:179-92.

##### **Congestive cardiomyopathy in association with the acquired immunodeficiency syndrome**

IS COHEN, DW ANDERSON, R VIRMANI, ET AL (Washington, USA). *N Engl J Med* 1986;315:628-30.

##### **Malignant lymphoma of the heart in acquired immune deficiency syndrome**

A BALASUBRAMANYAM, M WAXMAN, HL KAZAL, AND MH LEE (New York, USA). *Chest* 1986;90:243-6.

**Pulmonary Kaposi's sarcoma in the acquired immune deficiency syndrome: clinical, radiographic, and pathologic manifestations**

GU MEDURI, DE STOVER, M LEE, PL MYKOWSKI, JF CARAVELLI, AND MB ZAMAN (New York, USA). *Am J Med* 1986;**81**:11-8.

**Kaposi's sarcoma of the penis in a patient with the acquired immune deficiency syndrome**

AD SEFTEL, NS SADICK, AND RS WALDBAUM (Manhasset, USA). *J Urol* 1986;**136**:673-4.

**Neurological manifestations of human immunodeficiency virus infection**

CA CARNE AND MW ADLER (London, England). *Br Med J* 1986;**293**:462-3.

**Spinal cord syndromes in the acquired immune deficiency syndrome**

BM SINGH, S LEVINE, RL YARRISH, MJ HYLAND, D JEANTY, AND GP WORMSER (New York, USA). *Acta Neurol Scand* 1986;**73**:590-8.

**Cryptococcal infections in patients with acquired immune deficiency syndrome**

RHK ENG, E BISHBURG, SM SMITH, AND R KAPILA (East Orange, USA). *Am J Med* 1986;**81**:19-23.

***Mycobacterium avium* complex infections in patients with the acquired immunodeficiency syndrome**

CC HAWKINS, JWM GOLD, E WHIMBEY, ET AL (New York, USA). *Ann Intern Med* 1986;**105**:184-8.

**Biliary tract obstruction in the acquired immunodeficiency syndrome**

SJ MARGULIS, CL HONIG, R SOAVE, AF GOVONI, JA MOURADIAN, AND IM JACOBSON (New York, USA). *Ann Intern Med* 1986;**105**:207-10.

**Human T-cell lymphotropic virus type III associated disorders: the spectrum in the heterosexual population**

PG GILL, AM LEVINE, PR MEYER, ET AL (Los Angeles, USA). *Arch Intern Med* 1986;**146**:1501-4.

**The intestinal and rectal epithelial lymphocyte in AIDS: an electronmicroscopy study**

JA WEBER AND WO DOBBINS (Ann Arbor, USA). *Am J Surg Pathol* 1986;**10**:627-39.

**Clinical and bronchoscopic diagnosis of suspected pneumonia related to AIDS**

AL POZNIAK, KT TUNG, CR SWINBURN, S TOVEY, SJG SEMPLE, AND N McI JOHNSON (London, England). *Br Med J* 1986;**293**:797-9.

**Natural history of human immunodeficiency virus infection in Zaire**

JM MANN, K BILA, RL COLEBUNDERS, ET AL (Atlanta, USA). *Lancet* 1986;ii:707-9.

**Seroepidemiology of human immunodeficiency virus in Africa**

I WENDLER, J SCHNEIDER, B GRAS, AF FLEMING, G HUNSMANN, AND H SCHMITZ (Göttingen, Federal Republic of Germany). *Br Med J* 1986;**293**:782-5.

**Risk factors for human immunodeficiency virus seropositivity among children 1-24 months old in Kinshasa, Zaire**

JM MANN, H FRANCIS, F DAVACHI, ET AL (Atlanta, USA). *Lancet* 1986;ii:654-7.

**Epidemiological correlation between African AIDS and AIDS in Europe**

N CLUMECK (Brussels, Belgium). *Infection* 1986;**14**:97-9.

**Transmission of lymphadenopathy-associated virus/human T lymphotropic virus type III in sexual partners. Seropositivity does not predict infectivity in all cases**

H BURGER, B WEISER, WS ROBINSON, ET AL (Stony Brook, USA). *Am J Med* 1986;**81**:5-10.

**Acquired immunodeficiency syndrome: epidemiology and significance for the obstetrician and gynecologist**

DJ WEBER, RR REDFIELD, AND SM LEMON (Chapel Hill, USA). *Am J Obstet Gynecol* 1986;**155**:235-40.

**Transmissibility of human immunodeficiency virus in haemophilic and non-haemophilic children living in a private school in France**

A BERTHIER, S CHAMARET, R FAUCHET, ET AL (Paris, France). *Lancet* 1986;ii:598-601.

**Needlestick HIV seroconversion in a nurse**

C NEISSON-VERNANT, S ARFI, D MATHEZ, J LEIBOWITZ, AND N MONPLAISIR (Fort-de-France, Martinique). *Lancet* 1986;ii:814.

**HIV antibody screening. An ethical framework for evaluating proposed programs**

R BAYER, C LEVINE, AND SM WOLF (Hastings-on-Hudson, USA). *JAMA* 1986;**256**:1768-74.

**Testing for antibodies to AIDS-associated retrovirus (HTLV-III/LAV) by indirect fixed cell immunofluorescence: specificity, sensitivity, and applications**

M HEDENSKOG, S DEWHURST, C LUDVIGSEN, ET AL (Omaha, USA). *J Med Virol* 1986;**19**:325-34.

**Evaluation of six enzyme immunoassays for antibody against human immunodeficiency virus**

HW REESINK, PN LELIE, JG HUISMAN, ET AL (Amsterdam, the Netherlands). *Lancet* 1986;ii:483-6.

**Detection of AIDS virus in macrophages in brain tissue from AIDS patients with encephalopathy**

S KOENIG, HE GENDELMAN, JM ORENSTEIN (Bethesda, USA). *Science* 1986;**233**:1089-93.

**Multinucleated giant cells in acquired immunodeficiency syndrome encephalopathy: origin from endogenous microglia?**

DW DICKSON (New York, USA). *Arch Pathol Lab Med* 1986;**110**:967-8.

**Isolation of variants of lymphocytotropic retroviruses from the peripheral blood and cerebrospinal fluid of patients with ARC or AIDS**

H RÜBSAMEN-WAIGMANN, WB BECKER, EB HELM, ET AL (Frankfurt, Federal Republic of Germany). *J Med Virol* 1986;**19**:335-44.

**Replicative capacity of human immunodeficiency virus from patients with varying severity of HIV infection**

B ÅSJÖ, L MORFELDT-MÅNSEN, J ALBERT, ET AL (Stockholm, Sweden). *Lancet* 1986;ii:660-2.

**High production of the acquired immunodeficiency syndrome virus (lymphadenopathy-associated virus) by human T lymphocytes stimulated by streptococcal mitogenic toxins**

JE ALOUF, C GEOFFROY, D KLATZMANN, J-C GLUCKMAN, J GRUEST, AND L MONTAGNIER (Paris, France). *J Clin Microbiol* 1986;**24**:639-41.

**Excretion of cytomegalovirus in semen associated with HTLV-III seropositivity in asymptomatic homosexual men**

CR RINALDO, LA KINGSLEY, DW LYTER, AJ BODNER, SH WEISS, AND WC SAXINGER (Pittsburgh, USA). *J Med Virol* 1986;**20**:17-22.

**Elimination of toxicity and enhanced cytomegalovirus detection in cell cultures inoculated with semen from patients with acquired immunodeficiency syndrome**

CL HOWELL, MJ MILLER, AND DA BRUCKNER (Encino, USA). *J Clin Microbiol* 1986; **24**:657-60.

**Association of HTLV-III with Epstein-Barr virus infection and abnormalities of T lymphocytes in homosexual men**

CR RINALDO, LA KINGSLEY, DW LYTHER, ET AL (Pittsburgh, USA). *J Infect Dis* 1986; **154**: 556-61.

**Direct polyclonal activation of human B lymphocytes by the acquired immune deficiency syndrome virus**

SM SCHNITTMAN, HC LANE, SE HIGGINS, T FOLKS, AND AS FAUCI (Bethesda, USA). *Science* 1986; **233**:1084-6.

**Tumour-associated antigen is expressed on lymphocytes from patients with acquired immunodeficiency syndrome**

CL BERGER, AE FRIEDMAN-KIEN, M DIFRANCO, ET AL (New York, USA). *J Invest Dermatol* 1986; **87**:280-3.

**Interleukin 1 and 2 production in homosexual men: a controlled trial of therafectin (SM-1213), a possible immunomodulator**

JM GOLDSMITH, J HUPRIKAR, SYJ WU, AND JP PHAIR (Chicago, USA). *J Immunopharmacol* 1986; **8**:1-14.

## Other sexually transmitted diseases

**Hepatitis B virus transmission between heterosexuals**

MJ ALTER, J AHTONE, I WEISFUSE, K STARKO, JD VACALIS, AND JE MAYNARD (Atlanta, USA). *JAMA* 1986; **256**:1307-10.

**Fulminant hepatitis B in successive female sexual partners of two anti-HBe-positive males**

E FAGAN, P SMITH, F DAVISON AND R WILLIAMS (London, England). *Lancet* 1986; **ii**:538-40.

Four cases of fatal fulminant hepatitis B in consecutive unrelated female sexual partners of two men are described. These men were investigated after the death of the second consort of each, and were seropositive for HBsA and anti-HBe and negative for antibodies against delta virus, DNA

polymerase activity, and HBV DNA.

In one man an interval of six years separated the deaths of his two wives; serological studies were available for his first wife, but he had not been investigated at that time. For the second man an interval of one year separated the deaths of his wife and fiancée. He had been shown to be HBsAg and HBeAg positive and to have increased liver enzyme activity after the death of his first consort. All four women were seropositive for IgM anti-HBc and seronegative for antibodies against delta virus and hepatitis A virus. Both wives of the first man were HBsAg negative, and the first wife was anti-HBs positive. Both consorts of the second man were HBsAg positive.

Samples of serum, peripheral blood leucocytes, seminal fluid, sputum or saliva, and liver biopsy tissue were collected from both men six months after the death of their second consort. Serum was analysed for HBV DNA by a dot blot hybridisation technique; cellular DNA was extracted from other samples and digested with restriction enzymes. Blots were probed with cloned HBV DNA. HBV DNA was detected in all body fluids and samples except serum.

The presence of anti-HBe is generally regarded as an indicator of low infectivity. With the availability of techniques of molecular hybridisation to detect HBV DNA it has been shown that HBV may continue to replicate even after seroconversion from HBeAg to anti-HBe. At the time of the death of their respective second consorts, both men were positive for anti-HBe and negative for DNA polymerase activity and HBV DNA in their serum. Body fluids and samples other than serum were positive for HBV DNA, however, even six months after the death of their second partners. The demonstration of non-integrated forms of HBV DNA in seminal fluid and saliva may mean that the transmission of infection occurred via such secretions. Integrated HBV DNA was not detected in the liver biopsy tissue from either man. The authors suggest that the persistence of HBsAg in the serum with HBV DNA in body fluids but not serum occurs because viral replication continues at privileged extrahepatic sites. The authors conclude that until the presence of HBV DNA in body fluids and their potential infectivity is defined, all HBsAg positive subjects must be considered to be potentially infectious, regardless of the lack of serological evidence of viral replication.

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